DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 241-2345 To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

November 18, 2011

Deacon Gary Griffin, Administrator Loretto Home 59 Meadow Street Rutland, VT 05701

Provider #: 0138

Dear Deacon Griffin:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **August 9, 2011.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN

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Licensing Chief

PC:ne

Enclosure



(FAX)802 773 9638

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Division of Licensing and Protection STATEMENT OF DEFICIENCIES Protection (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING 0138 08/09/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **59 MEADOW STREET** LORETTO HOME RUTLAND, VT 05701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG **DEFICIENCY**) R100 Initial Comments: R100 An unannounced on-site complaint survey was completed on 8/9/11 by staff from the Vermont Division of Licensing & Protection. The following regulatory violation was found. R266 IX. PHYSICAL PLANT R266 SS=D 9.1 Environment The Home will provide and maintain a safe. 9.1.a The home must provide and maintain a sanitary, homelike environment. safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced bv: Based on observation and staff interview, the home failed to assure that all areas of the home were maintained in a homelike, sanitary manner, including Resident #1's room. Findings include: Per observations throughout the day on 8/9/11. the following unsanitary or un-homelike areas were observed: a) Discolored ceiling tiles found and any others 25Aua11 a. During a tour of the 2nd floor annex unit at needing replacement will be done during the 10:40 AM, accompanied by the Director of week of August, 23rd Nursing (DNS), several ceiling tiles in the shower room area were stained. b) A commercial carpet cleaner will be used to 09Sep11 b. During a tour of the 2nd and 3rd floor units do a complete cleaning and deodorizing accompanied by the Director of Maintenance of hallway the second week of Sep 2011. commencing at 2:15 PM, the 2nd floor hallway wall to wall carpeting had a lingering Resident #1's carpet will be replaced with a 23Aua11 objectionable odor. On the 3rd floor unit. Resident new flooring on August 23, 2011. #1's room had wall to wall carpeting that had a very strong smell of urine. The Director of Maintenance agreed that the carpets had an objectionable odor. Per interview with the

Division of Licensing and Protection Deacon Sam

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

have been cleaned repeatedly and the

Director of Housekeeping at 3:15 PM, the carpets

TITLE Administration

(XB) DATE



Division of Licensing and Protection

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| STATEMEN AND PLAN | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: 0138 | | | A. BUILDI | TIPLE CONSTRUCTION | (X3) DATE SURVEY . COMPLETED C | | |
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| LOBETTO HOME 59 M | | | 59 MEADO | REET ADDRESS, CITY, STATE, ZIP CODE MEADOW STREET JTLAND, VT 05701 | | | | |
| (X4) ID PREFIX TAG | SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS | FULL 1 | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | (X5) COMPLETE DATE | | | |
| R266 | Continued From page | ge 1 | | R266 | | | | |
| | (malodorous) smells remain in these 2 areas. c. When using the elevator to the various floors, the surveyor noted that the thresh holds to the elevator on each floor were soiled. This was | | | | c.) Housekeeping will scrub down th hold plates with a disinfectant by 23, 2011. | e thresh - August | 23Aug11 | |
| | confirmed with the D | Director of Maintenar | nce at the | | In addition the Administrator will revie for same or similar items during his v | alk through | 23Aug11 | |
| | | | | | of the building and assure any proble corrected. | ems are | ł | |
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